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FILED JUL 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22257

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 30

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Monroe
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rual — Jackson
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pleasant Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Monroe
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monroe City
d. STREET ADDRESS (If rural, give location): 411 E. 2nd St.

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3. NAME OF DECEASED (Type or Print): a. (First) JARRETT b. (Middle) MONROE c. (Last) MILLS

4. DATE OF DEATH (Month) (Day) (Year): June 29,53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 1,1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Warren County,Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Mills
13b. MOTHER'S MAIDEN NAME: Matilda Davis
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME Mo. **ADDRESS**: Mrs. Russell Scranton,Monroe City,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myo-Carditis — INTERVAL BETWEEN ONSET AND DEATH: NK

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-Sclerosis — NK
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4221
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 14 1953, *to* June 29, 1953 *that I last saw the deceased alive on* June 28 1953, *and that death occurred at* 4 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo M. Riegelder M.D.
23b. ADDRESS: Paris Mo
23c. DATE SIGNED: 6-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 1,1953
24c. NAME OF CEMETERY OR CREMATORY: Wellsville
24d. LOCATION (City, town, or county) (State): Wellsville,Mo.

DATE REC'D BY LOCAL REG.: 6-29-53
REGISTRAR'S SIGNATURE: F. A. Barnett M.D. 435-0
25. FUNERAL DIRECTOR'S SIGNATURE Earl S. Pratt **ADDRESS**: ,Mexico,Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Earl E. Pruett

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.